MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031329
STATE FILE NUMBER

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **4271**

FILED SEP 4 1962

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AMENDED

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ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF — Graham Asher

MEDICAL CERTIFICATION

1. PLACE OF DEATH		**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. COUNTY **Jackson**		a. STATE **Missouri** b. COUNTY **Saline**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City**	Length of stay in 1b **5 days**	c. CITY OR TOWN **Shackleford** — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2644 E. 7th** — Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First **M.** Middle **Francis** Last **SUMMERS**

4. DATE OF DEATH Month **Aug.** Day **19,** Year **1962**

5. SEX **male**	6. COLOR OR RACE **white**	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH **10-9-91**	9. AGE (last birthday) **70**	IF UNDER 1 YEAR Months ~~10~~ Days ~~10~~	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired farmer**	10b. KIND OF BUSINESS OR INDUSTRY **Farmer (self)**	11. BIRTHPLACE (City and state or country) **Corder, Mo.**	12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Michael Summers**	13b. MOTHER'S MAIDEN NAME **Susan Haggerty**	14. NAME OF HUSBAND OR WIFE **Bridget Summers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** ---	17. INFORMANT **Jas. Summers, 1233 E. 43rd. Terr. North** Address **KCN, M**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	*Acute Myocardial Infarction*	*1 hour*
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	*Coronary Artery Sclerosis and Occlusion*	*1 hour*
DUE TO (c)	*General Vascular Sclerosis.*	*3 years*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Moderate Hypertension*

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from *January 10-1968* to *Aug. 19 '62* and last saw him alive on *July 20-1962*
Death occurred at *4* a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Graham Asher MD*	22b. ADDRESS *1220 Professional Bldg. Kansas City 6 Mo.*	22c. DATE SIGNED *8-19-62*

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal**	23b. DATE **Aug. 19, '62**	23c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cemetery**	23d. LOCATION (City, town, or county) **Shackleford, Mo.** (State)

24. FUNERAL DIRECTOR **Mellody-McGilley-Eylar, 1800 Linwood, KC Mo.** ADDRESS	25. DATE REC'D. BY LOCAL REG. **8-19-62**	26. REGISTRAR'S SIGNATURE *Ruth Long*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed___*Lloyd T. Dickson*___
       Signature of Student Embalmer

Licensed Embalmer No._*5120*_

P. O. Address_*KC 11, MO.*_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

    If this body is not embalmed, fact should be so stated above.